

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039670

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 271

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10420

20420

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b>		c. CITY OR TOWN <b>Clinton</b>	
Length of stay in lb <b>7 yrs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RR # 5</b>		d. STREET ADDRESS (If outside, give location) <b>RR # 5</b>	
3. NAME OF DECEASED (Type or print) First <b>Edith</b> Middle <b>A</b> Last <b>Cooper</b>		4. DATE OF DEATH Month <b>Oct</b> Day <b>19</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug 30. 1887</b> 9. AGE (last birthday) <b>76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Henry Co Mo</b>	
11. BIRTHPLACE (City and state or country) <b>USA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>James P. Parks</b>		13b. MOTHER'S MAIDEN NAME <b>Scharlott Cress</b>	
14. NAME OF HUSBAND OR WIFE <b>Estel</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. INFORMANT <b>Mrs. Elsie Lee</b>		Address <b>3005 Claremont</b>	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute circulatory failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>Coronary thrombosis with myocardial infarction</b> DUE TO (c) <b>Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Nov. 26, 1958</b> to <b>Oct. 19, 1963</b> and last saw her alive on <b>Oct. 18, 1963</b> Death occurred at <b>6:30 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R. E. Harbough, D.O.</b>		22b. ADDRESS <b>Clinton, Mo.</b>	
22c. DATE SIGNED <b>10-21-63</b>		23a. BURIAL, REMOVAL, OR CREMATION (Specify) <b>Burial</b>	
23b. DATE <b>10/21/1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Deepwater cemetery</b>	
23d. LOCATION (City, town, or county) <b>Deepwater Mo</b>		24. FUNERAL DIRECTOR <b>Sickman-Dunning F H Clinton, Mo</b>	
25. DATE RECD. BY LOCAL REG. <b>OCT. 21, 1963</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J.P. Dunning*

Licensed Embalmer No. 4210

P. O. Address Clinton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained 10-21-63 (14.13)